

COMMITTEE NAME: CONSERVATIVE VICTORY, INC.

FEC ID NO.: C00504605

January 16, 2012

Federal Election Commission 999 E Streets, N.W. Washington, D.C. 20463

Re: Form 1, Amended Statement of Organization—Unlimited Contributions

Dear Sir or Madam:

This is to inform you that we are a non-connected political committee that wishes to establish a separate non-contribution account for conducting independent expenditures only. Attached is the Amended Statement of Organization [FEC Form 1].

Consistent with the stipulated judgment in <u>Carey v. FEC</u>, the Committee referenced above intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Respectfully submitted,

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Ruth Melson

Treasurer

www.conservativevictorymaryland.org 5268 G Nicholson Lane, Suite 320 Kensington, MD 20895 info@conservativevictorymaryland.org

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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

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				Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	MAIL CENTER			
CONSERVATION	VE WILLIAM	FINC					
			<u> </u>				
ADDRESS (number and street) 5268 G NICHOLSON LANE SUITE 320 1							
(Check if address							
is changed)	KIEINSII INIGITIO		WD 5	108951-			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		·			
(Check if address	TIRE AS WIRER	LPCONSERVAT	I VELLI CTIC	or mary land dr			
is changed)		<u> </u>					
COMMITTEE'S WEB PAGE AD	IDDESS (LIDI)						
COMMITTEES WEB FAGE AD	, ,	•		_			
(Check if address	www.Conser	NATIVENIGTOR	MARYLA	NJ.OR9			
is changed)							
2. DATE 03 18 2011							
3. FEC IDENTIFICATION N	UMBER C 0	0504605					
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)					
I certify that I have examined to	his Statement and to the best	of my knowledge and belief it	is true, correct a	nd complete.			
Type or Print Name of Treasure	RUTH 1	MELSON					
Signature of Treasurer	Buth m	MELSON	Date O.	16 2012			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)			

		OMMITTEE						
(a)	\$ 7. \$ 7.	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	gyi3	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	me of ndidate							
	ndidate rty Affiliati	Office State Senate President District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	me of ndidate							
Pa	rty Con							
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.						
Po	litical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a						
		Corporation Wo Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	, ,	In addition, this committee is a Lobbyist/Registrant PAC.						
		In oddition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Jo	int Fund	Iraising Representative:						
(g)	Same of the same o	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a foderal candidate.						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	mittees Participating in Joint Fundraiser						
	1.							
	2.							
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	3.	FEC ID number C						
	4.	FEC ID number C						

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Write or Type Committee Name	B	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
(WONE) III		
<u>iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</u>		
Mailing Address		
		لــــا-لــ
	CITY STATE Z	IP CODE
Relationship: Connecte	d Organization Affiliated Committee	ership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name 5.02	ANNE DROZDIK	
Mailing Address	15 2-68 G MICHOLSON LANE SU	ir E 320
		ليبيب
	KENSINGTON 1111 IND 2089	51-1111
Title or Position	CITY STATE Z	IP CODE
SEGRETAR	Telephone number	
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name of Treasurer Ruti	4 ME4SON	
Mailing Address	BIZG8 IG MICHOLSION BANE SUITE	320
	CITY STATE ZI	1.5] P CODE
Title or Position TREASURES	Telephone number	

9.

FEC Form 1 (Revise	d 02/2009)		Page 4	
Full Name of Designated Agent	KHANSEN			
Mailing Address	5268 G MICHOLSON L	ANE S	VITE 3201	
	KENSI NIGITION CITY	STATE	2089-57- ZIP CODE	
Title or Position	DISIRIESTION Telephone	. 1		
EIXIEICIOI7II IME	Telephone	number	<u></u>	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
CAP	ITAL OHE BANK			
Mailing Address	112097 ROCKVIZLE PIKE	1111		
	ROCKYLLE	MO	20852 -	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
ليبيا				
Mailing Address				
		لياا		
	CITY	STATE	ZIP CODE	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER (3/2005)	//23/12 DATE PREPARED
(5.200)	